





CAO AB  
GP1713

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                  |
|--|------------------|
| Application Number                       | 08/986,696       |
| Filing Date                              | December 8, 1997 |
| First Named Inventor                     | Jejelowo et al.  |
| Group Art Unit                           | 1713             |
| Examiner Name                            | R. Rabago        |
| Total Number of Pages in This Submission | 3                |
| Attorney Docket Number                   | 1997U001.US      |

## ENCLOSURES (check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                                       |
| <input type="checkbox"/> Preliminary Amendment / Response Non-Fee Amendment<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                   |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Licensing-related Papers                                       | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition    | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> To Convert a Provisional Application                           | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s) (please identify below):                             |
| <input type="checkbox"/> Response to Missing Part/ Incomplete Application   | <input type="checkbox"/> Terminal Disclaimer  |   |
| <input type="checkbox"/> Response to Missing Parts  | <input type="checkbox"/> Request for Refund   |   |

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |               |                  |        |
|-------------------------|---------------|------------------|--------|
| Firm Or Individual name | Jaimes Sher   | Registration No. | 34,726 |
| Signature               |               |                  |        |
| Date                    | June 16, 2000 |                  |        |

## CERTIFICATE OF MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **June 16, 2000**

|                       |                 |      |               |
|-----------------------|-----------------|------|---------------|
| Typed or printed name | Tammy L. Hodges |      |               |
| Signature             |                 | Date | June 16, 2000 |

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